

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010831

FILED
Mar 22, 2009
Secretary of State

Entity Name: DOLPHIN SOUTH DEVELOPMENT L.L.C.

Current Principal Place of Business:

2239 LAUGHING GULL CIRCLE
ATLANTIC BEACH, FL 322323

New Principal Place of Business:

Current Mailing Address:

2239 LAUGHING GULL CIRCLE
ATLANTIC BEACH, FL 322323

New Mailing Address:

FEI Number: 34-2005749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOHLER, ROGER A
2239 LAUGHING GULL CIRCLE
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TARLE, JAMES S
Address: 2239 LAUGHING GULL CIRCLE
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: MGR () Delete
Name: MOHLER, ROGER A
Address: 2239 LAUGHING GULL CIRCLE
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: MGR () Delete
Name: TARLE, ERNEST J
Address: 2239 LAUGHING GULL CIRCLE
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES S. TARLE

MGR

03/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date